								1	Ap	plication	n br Docket Number			
PATENT APPLICATION FEE DETERMINATION RECOF Effective October 1, 2001									10/059594					
CLAIMS AS FILED - PART I (Column 1)					(Golumn 2)			SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY		
TO	TAL CLAIMS		10				Ì	RAT	Е	FEE	[	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 370		370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			( 0 minus 20=		* 6			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		* 0			X42=			OR	X84=		
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=			OR	+280=		
* If 1	the difference i	in column 1 is l	ess than ze	ro, ente	"0" in column 2			TOTAL			OR	TOTAL	74000	
CLAIMS AS AMENDED - PART II								. 5 17			1	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMA	LLE	ENTITY	OR	SMALL	ENTITY	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9	}=		OR	X\$18=		
MEN	Independent	*	Minus	***		=		X42	?=		OR	X84=		
[[4	FIRST PRESE	JLTIPLE DEF	ILTIPLE DEPENDEN		T CLAIM		+140	_		1 1	+280=			
	·							ē	U=. DTAL	frankriinis van in ee	OR	TOTAL	Appareta Laboretti Labe es	
								ADDIT.			OR	ADDIT. FEE		
		(Column 1) CLAIMS	e		ımn 2) HEST	(Column 3)	4		1	ADDI-	1		ADDI-	
MENT B		REMAINING AFTER AMENDMENT		NUN PREV	MBER HOUSLY D FOR	PRESENT EXTRA		RAT	ΓΕ	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	_	X\$ !	9=		OR	X\$18=		
AMEND	Independent	*	Minus	***		=	4	X42	2=		OR	X84=		
	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDEN	II CLAIM	Ц	_	+14	0=		OR			
								TC	OTAL		OR	TOTAL		
(Column 1) (Column 2) (Column 3)								ADDIT.	FEE		۰۰۰ و	ADDIT. FEE		
	W. New York	(Column 1) CLAIMS		HIG	SHEST		ή		-	ADDI-	7		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER /IOUSLY D FOR	PRESENT EXTRA		RA	TE	TIONAL FEE		RATE	TIONAL	
NON	Total	*	Minus	**		=	_	X\$	9=		OR	X\$18=	<u> </u>	
ME	Independent	*	Minus	***	UT OL	=	4	X4:	2=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								l0=		OR			
	If the entry in colu	umn 1 is less than t	the entry in col	lumn 2, wr	rite "0" in co	olumn 3.	_	T(	OTÁL		4	TOTA		
**	* If the "Highest No	umber Previously F	Paid For" IN TH Paid For" IN TH	HIS SPACE	E is less tha E is less th	an 20, enter "2 an 3, enter "3.'	"	ADDIT.	FEE			ADDIT. FEI	E <b>L</b>	
1	The "Highest Nor	mber Previously Pa	aid For" (Total	or Indepen	ndent) is th	e highest num	per f	round in t	ıne aı	opropriate b	OX IU C	JUHHH 1.		